ARIZONA STATE BOARD OF HEALTH State File No BUREAU OF VITAL STATISTICS 1, PLACE OF BIRTH Registered No. STANDARD CERTIFICATE OF BIRTH made for each, and the number County District or Township... (If hirth-occurred in a hospital or institution, give its NAME instead of atreet and number) If child is not yet named, make 2. Full name of child supplemental report, as directed. 4. Twin, triplet or other. 6. Legitimate? 3. Sex of Child To be answered ONLY 7. Date in event of plural of birth births. 5. No., in order of birth Mont MOTHER FATHER Full maiden r 9. Résidence 15 Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 16 Color or race 10. Color or race 11. Age at last birthday 17. Age at last birthday. (Years) .(Years) 18. Birthplace (city of piace) 12. Birthplace (city or place) (State or country) (State or country) 13. Occupation 19. Occupation Nature of Industry d Nature of industry 21. Were precautions taken against oph-20. Number of children of this mother... (a) Born alive and now living thalmia neonatorum? (b) Born alive but now dead (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Born alive or *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. ö (Physician or-midwife). Given name added from a supplemental report ... Month, day, year Registrar Registrar

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